

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025726

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 69

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

11035

21035

3

4 1

5 1

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7 0

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94200

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11

12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

FILED JUL 6 1962

1. PLACE OF DEATH

a. COUNTY Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Dexter

Length of stay in lb
9 Months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 201 S. Elm St.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Stoddard

c. CITY OR TOWN Dexter

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
201 S. Elm St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
Rachel Robison

4. DATE OF DEATH Month Day Year
June 21 1962

5. SEX Female

6. COLOR OR RACE white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11-25-95

9. AGE (last birthday) 66

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
6 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Household

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Scott Co., Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Harry Kneezle

Herbert Robison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no none

16. SOCIAL SECURITY NO.

17. INFORMANT Dexter, Mo.
Herbert Robison, 201 S. Elm,

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH
3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atherosclerotic heart disease

5 days

DUE TO (c)

Myocardial infarction

54 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 15 1961 to June 21 1962 and last saw her alive on June 21 1962
Death occurred at 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE 6-24-62

23c. NAME OF CEMETERY OR CREMATORIUM
Plesant Grove

23d. LOCATION (City, town, or county) Stoddard Co., Missouri

24. FUNERAL DIRECTOR

ADDRESS

Wm. H. Morgan, Advance, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

W. H. Morgan

Licensed Embalmer No. _____

4640

P. O. Address _____

Adams, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.